A pilot study exploring mental health consumers' experiences with the police

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Abstract. Police encounters with people experiencing mental illness are both common and problematic. While there is an international body of literature on police officers' perceptions of mental-health-related incidents, few studies have sought to understand these encounters from the perspectives of people experiencing mental illness. This pilot study recruited 26 people through a state-wide Consumer Advisory Group who completed an online survey regarding their encounters with police. Results indicated that when people perceived procedurally just treatment from police they were more likely to co-operate with them and to evaluate the encounter positively. The nature of police involvement and levels of internalised stigma moderated the association between perceived procedural justice and their evaluation. Prior contacts were also important in shaping participants' overall attitudes towards police. Findings highlight the importance of officers treating people experiencing mental illness fairly and respectfully to facilitate peaceful encounters and help foster more positive perceptions of the police.

Key Words: attitude; mental illness; perceptions; police encounters; policing; procedural justice; stigma.

Background

The problematic nature of police encounters with people experiencing mental illness has received longstanding attention in the academic and populist literature (Bitner, 1967; Boyd & Kerr, 2015). There is now international consensus that people experiencing mental illness come into contact with police at a much higher rate than the general population (Teasdale, Daigle, & Ballard, 2014). The reasons for such contact are broad and varied, with an increase in the frequency of these encounters being associated with policy change regarding the involuntary

institutionalisation of people experiencing mental illness coupled with an inadequacy of community mental health services (Sellers, Sullivan, Veysey, & Shane, 2005). These encounters are often complicated and frustrating for both parties; this can lead to an increased likelihood that police officers will resort to using force (Godfredson, Thomas, Ogloff, & Luebbers, 2011; Watson, Angell, Morabito, & Robinson, 2008) and also that people experiencing mental illness will be more resistive to police commands (Kesic, Thomas, & Ogloff, 2013). The views of police officers towards encounters with people

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experiencing mental illness have been subject to much empirical investigation, with international research noting the importance of officer perceptions in shaping both the nature of the encounter and subsequent outcomes (Godfredson et al., 2011; Patch & Arrigo, 1999; Watson, Swartz, Bohrman, Krieger, & Draine, 2014). However, the attitudes and opinions of people experiencing mental illness have been largely overlooked in the published literature, with very few articles to date investigating their perceptions of police and police encounters that they experience (Desmarais et al., 2014).

Procedural justice theory

In its simplest form, procedural justice theory proposes that when people are treated fairly and respectfully by authority figures they will be more likely to appraise the situation positively and also more likely to comply with their requests (e.g. Tyler, 2006). Since its introduction as a theory, a robust body of research in social, legal and organisational settings has highlighted the importance of fair treatment in shaping behaviours and attitudes towards authority figures (Elliot, Thomas, & Ogloff, 2011; Sunshine & Tyler, 2003; Tyler & Blader, 2003; Watson, Angell, Vidalon, & Davis, 2010). There are three key components that are believed to shape perceptions of procedural justice; voice, dignity and trust (Lind & Tyler, 1988; Tyler, 2006; Tyler & Blader, 2003). *Voice*, also known as participation, relates to individuals having the opportunity to express their point of view and be acknowledged by authority. Research shows that when people are not given the chance to voice their opinion and be acknowledged by authority figures during interactions they are likely to evaluate encounters negatively regardless of their outcome (Tyler, 2004). *Dignity* relates to authority figures acknowledging people's rights as members of society, expressed through respectful and polite treatment. *Trust* considers the extent to which a person believes

the authority in question is concerned for their welfare and safety (Hinds & Murphy, 2007).

Legitimacy is also an integral part of procedural justice theory, understood as the degree to which authority figures are viewed as neutral decision-makers who use power appropriately (Gau & Brunson, 2010). Within a procedural justice framework, legitimacy is seen as a moderating factor between procedurally just treatment and cooperation with authority. Taken altogether, when people feel that they have been given a chance to voice their side of the story, that they have been treated with dignity and that the authority cared for their welfare, this sense of procedural justice will result in them seeing the police officers as a legitimate form of authority, thus influencing co-operation and law-abiding behaviours (Sunshine & Tyler, 2003; Tyler, 2006; Tyler & Huo, 2002).

Procedural justice theory is emerging as a key framework for understanding how people experiencing mental illness respond to authority figures. Cognate research into civil commitment experiences and mental health court proceedings has shown that people experiencing mental illness are sensitive to the procedural justice effect. For example, Wales, Hiday, and Ray (2010) found that procedurally just treatment from the judge in mental health court proceedings was associated with a positive appraisal of the process and a reduced risk of recidivism. More recent research has extended this procedural justice lens more specifically to considering encounters between the police and people experiencing mental illness, with some recent international research reporting that when people experiencing mental illness feel they have been treated in a procedurally just way they are likely to perceive the encounter as positive and to co-operate with police officers (Livingstone, Desmarais, Verdun-Jones et al. 2014; Watson & Angell, 2013; Watson, Angell, et al., 2008).

The role of stigma

Mental illness and the experience of stigma go hand-in-hand (SANE Australia, 2007; Sickel,

Seacat, & Nabors, 2014). Stigma involves the endorsement of stereotyping by groups of people in a power situation that results in status loss and discrimination for those being stigmatised; this can include feelings of rejection, devaluation and social exclusion (Link & Phelan, 2001). Stereotypes can be understood as negative expectations placed on groups or individuals (Corrigan & Cooper, 2005). For example, a commonly held belief is that people who experience mental illness are dangerous and unpredictable (Reavley & Jorm, 2012; Sickel et al., 2014). Internalised stigma, also referred to as self-stigma, incorporates the way in which people adopt the stereotypes placed on them, anticipate status loss and discrimination, and embody the negative characteristics as part of themselves (Fung, Tsang, Corrigan, Lam, & Cheng, 2007; Livingston & Boyd, 2010). Two recent studies have indicated that stigma and self-esteem are related to sensitivity to procedural justice, such that the benefits associated with fair treatment may be heightened (or reduced) as a result of experienced stigma or self-esteem (Sekiguchi & Hayashi, 2014; Watson & Angell, 2013).

Police contact with people experiencing mental illness

Police officers are now recognised as playing an integral and important role in responding to people experiencing mental illness; however, their capacity to do so has been subject to much scrutiny (Dalton, 1998; Fry, O'Riordan, & Geanellos, 2002; Kesic, Thomas, & Ogloff, 2010; Patch & Arrigo, 1999). What we do know, across jurisdictions, is that police come into contact with people experiencing mental illness on a regular basis and for a wide variety of reasons (Godfredson et al., 2011; Lipson, Turner, & Kasper, 2010). Despite an increasing array of training programmes being made available internationally (Thomas & Watson, 2017), police officers report feeling uncertain and apprehensive about their contacts with people experiencing mental illness, seeing them as frustrating, time-consuming and

unpredictable (Fry et al., 2002; Ruiz, 1993; Sellers et al., 2005). Police officers have also been shown to perceive people experiencing mental illness inaccurately as dangerous, incompetent, and irresponsible (Sickel et al., 2014). Some have argued that this may lead to 'cognitive biasing' (Watson et al., 2014), increased police reactivity during encounters, and therefore an escalation of police use of force (Ruiz, 1993).

Perspectives of police encounters by people experiencing mental illness

Given the topicality of police encounters with people experiencing mental illness, it is perhaps surprising that only seven international published studies to date have looked at their views of encounters with police and overall attitudes to the police (Desmarais et al., 2014; Jones & Mason, 2002; Livingstone, Desmarais, Verdun-Jones et al., 2014; Livingstone, Desmarais, Greaves et al., 2014; Watson & Angell, 2013; Watson, Angell, et al., 2008; Watson et al., 2010). This literature suggests that people experiencing mental illness have a largely negative perception of police officers and overall are dissatisfied with their encounters with the police (Desmarais et al., 2014). The importance of fair treatment from police officers emerged as a key theme from all seven studies. For example, police encounters where the person was given voice, was treated with dignity and trusted in the officer(s) were much more likely to be resolved peacefully and perceived positively by the person (Livingstone, Desmarais, Verdun-Jones et al., 2014). Watson and Angell (2013) also found that cooperation in police encounters was predicted by perceptions of procedural justice, highlighting the potential immediate behavioural effects of the police during these encounters. In comparison, negative perceptions of police encounters have been characterised by people being ignored, rushed, disrespected and verbally or physically abused, all of such perceptions being indicative of what would be considered procedurally unjust

treatment (Watson, Angell, et al., 2008). A second, related, theme across these articles was an overall fear of and distrust in police officers, characterised by an expectation of persecution, unfair treatment and antagonising behaviours during their encounters with the police (Jones & Mason, 2002).

Research shows that direct experience with the police has the biggest influence on the attitudes people hold about the police (Callanan & Rosenberger, 2011; Skogan, 2006). This relationship has been proposed as being asymmetrical, with the impact of negative experiences on attitudes towards the police being 4–14 times greater than the impact of positive experiences (Skogan, 2006). Vaish, Grossmann, and Woodward (2008) refer to this as the ‘negativity bias’ in which emotions or situations that are appraised negatively contribute more heavily to opinions than positive factors. Our understanding of the stability of these attitudes remains equivocal, with some research suggesting that contact in the previous 12 months had no effect on overall perceptions of police held by people experiencing mental illness (Desmarais et al., 2014), while other studies have found that past experiences are heavily influential in shaping the attitudes of people experiencing mental illness towards police (Livingstone, Desmarais, Greaves et al., 2014; Watson, Angell, et al., 2008).

Research has highlighted numerous contextual and individual factors that can act to enhance or reduce the effects of fair procedures (Brockner, Ackerman, & Fairchild, 2001; De Cremer & Van Hiel, 2008; Murphy, 2009; Sekiguchi & Hayashi, 2014). Watson and Angell (2013) looked at past experiences of stigma and police call type as moderating the association between perceived procedural justice and two outcomes: cooperation and resistance. Both stigma and call type (operationalised in relation to the level of certainty with the encounter) significantly interacted with the association between perceived procedural justice and how people experiencing

mental illness co-operated during police encounters, but not for resistance-related behaviours. Their findings indicated that for uncertain call types the association between procedural justice and cooperation was stronger, indicating that more attention is being paid to treatment when the outcome may result in loss of freedom. Thus, perceptions of fair and just treatment from police officers may be more crucial in serious encounters, such as a mental health crisis or when the person is suspected of a crime, in order to increase the likelihood of cooperation and therefore reduce necessity for officer use of force. Of note, experiences of stigma also moderated the effect of procedural justice on levels of cooperation. The positive association between perceived procedural justice and cooperation was only found for people experiencing mental illness who reported low levels of past stigma. A direct association was also found between stigma and cooperation; high levels of past stigma predicted cooperation during police encounters regardless of perceived procedural justice. The authors proposed that low self-esteem may account for the direct and interaction effects of stigma. As stigma is a multifaceted concept, it may also be that elements of stigma, as opposed to stigma in its entirety, are interacting with individual sensitivity to the psychological processes underpinning the procedural justice effect.

Furthermore, the importance of procedural justice has been found to differ for types of police encounters – more specifically, whether the police contact was self-initiated or initiated by the police (Skogan, 2005; Tyler & Folger, 1980). A recent Australian study found that perceived procedural justice was most important for evaluating the encounter in police-initiated contacts (Murphy, 2009). However, the opposite has also been found where elements of procedurally just treatment such as being polite, respectful and listening to the person affected how people evaluated encounters only for self-initiated police contacts (Skogan, 2005). Elucidating under which types of police

encounters and call types people experiencing mental illness are more sensitive to the effects of procedural justice may prove beneficial for guiding police officer approaches to mental health calls.

Rationale, aims and hypotheses

The problematised nature of some of the encounters between the police and people experiencing mental illness is increasingly acknowledged. The current study aimed to expand this evidence base, directly capturing the lived experiences of mental health consumers. Based on the extant literature, six hypotheses were proposed: (a) that types of police experiences (positive, negative, last, mixed) would differentially impact on attitudes held by people experiencing mental illness towards police; (b) that there would be an association between perceived procedural justice, co-operation, and perceived procedural justice and how the encounter was evaluated; (c) that stigma and self-esteem would be associated with levels of co-operation; (d) that distributive justice (measured using favourability of outcome) would have no effect on the association between perceived procedural justice and encounter evaluation; (e) that stigma, self-esteem, call type and police involvement would moderate the association between procedural justice and co-operation, and procedural justice and how the encounter was evaluated; and (f) that internalised stigma would differentially moderate the association between perceived procedural justice and cooperation, and perceived procedural justice and how the encounter was evaluated.

Method

Participants

All individuals associated with the New South Wales Consumer Advisory Group (NSWCAG) and their affiliated networks were provided with the opportunity to participate in the current study. The online survey was available online for a 12-week period in mid-2015.

The study was designed as a pilot, to test the feasibility of using an online survey method with a vulnerable population and to assess its utility and reach as a method of recruitment. The project was approved by the human research ethics committee of the host institution. Eligible participants were required to report a diagnosed mental illness and had to be 16 years or older. Out of the 38 participants who responded to the online survey, four were excluded as no mental illness diagnosis was reported, and eight were excluded on the basis of having significant missing data.

Measures

Police Contact Experience Scale

The Police Contact Experience Scale (PCES; Watson et al., 2010) was designed to understand the situational contexts and interpersonal quality of police encounters from the perspective of people experiencing mental illness. The PCES provides raw and mean scores for multiple variables including perceived procedural justice, emotional impact, cooperation, decision acceptance, overall satisfaction and long-term compliance with the law. The language was adapted to Australian English and to accommodate an online format. Three additional items measuring co-operation with police were added to consider willingness to assist police (Sunshine & Tyler, 2003). The PCES has good psychometric properties including good convergent validity and excellent internal reliability, Cronbach's $\alpha = .94$ (Watson et al., 2010).

Following recommendations from Watson et al. (2010), *perceived procedural justice* was measured with a modified 10-item measure; this was found to have good reliability, Cronbach's $\alpha = .94$. In addition, a measure of *co-operation* was developed by combining PCES items capturing participant behaviour during the police encounter; this composite scale was found to have good reliability, Cronbach's $\alpha = .83$. In addition, a measure of *encounter evaluation* was developed to capture participants' overall appraisal of the situation

by combining multiple PCES components targeting emotional impact, outcome satisfaction, decision acceptance and compliance. The encounter evaluation scale showed excellent internal reliability, Cronbach's $\alpha = .94$.

Internalised Stigma of Mental Illness Scale

The Internalized Stigma of Mental Illness Scale (ISMI; Ritsher, Otilingam, & Grajales, 2003) was included to consider the *internal stigma* experiences of participants. The ISMI has good psychometric properties and excellent internal reliability, Cronbach's $\alpha = .91$ (Boyd, Adler, Otilingam, & Peters, 2014; Change, Wu, Chen, Wang & Lin, 2014; Ocisková et al., 2014). The ISMI contains 29 items responded to on a Likert scale ranging from 1 (*disagree strongly*) to 4 (*agree strongly*) and includes five subscales of internalised stigma: alienation (e.g. "Having a mental illness has spoiled my life"), stereotype endorsement (e.g. "Mentally ill people tend to be violent"), perceived discrimination (e.g. "Others think that I can't achieve much in life because I have a mental illness"), social withdrawal (e.g. "I avoid getting close to people who don't have a mental illness to avoid rejection") and stigma resistance (e.g. "I can have a good, fulfilling life, despite my mental illness").

Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) is a widely used and endorsed 10-item Likert type scale measuring self-esteem, with items scored from 1 (*strongly agree*) to 4 (*strongly disagree*). It has excellent reliability and validity (Sinclair et al., 2010; Westaway, Jordaan & Tsai, 2015).

Marlowe–Crowne Social Desirability Scale–Short Form

The Marlowe–Crowne Social Desirability Scale–Short Form (MCSDS–Short Form; Crowne & Marlowe, 1960; Reynolds, 1982) is a 13-item true/false rating scale that considers

the possibility of socially desirable responding; it has well-established validity and reliability (Dodou & de Winter, 2014; Sărbescu, Costea, & Rusu, 2012) and has been used widely in police-related research and with people experiencing mental illness (Friedman, Terras, Zhu, & McCallum, 2004; Godfredson et al., 2011).

Additional survey variables

In line with Watson and Angell (2013), *call type* was recorded as being 'certain' or 'uncertain'. Criminal-related and mental health crisis encounter types were labelled *uncertain*, and all other encounters were labelled *certain*. *Police involvement* was informed by how police were contacted, either *self-initiated* or *other initiated* – that is, a bystander or family member. *Outcome favourability* was measured based on agree/disagree responses to the item 'the outcome I received was favourable' (Watson et al., 2010). Furthermore, to understand how participants' general attitudes towards police were formed, five additional items were included, with participants rating to what degree their past police experiences (positive, negative, last or mixed) influenced their attitudes of police [scored on a continuum from 1 (*not at all*) to 9 (*completely*)].

Approach to analyses

Normality assumptions were checked using the Shapiro–Wilks test for deviation from the normal distribution, where violated non-parametric tests were performed. The potential for social desirability was considered but was found not to be present in participant responses. Simple descriptive statistics were used to characterise the sample; the sample was stratified by gender to describe demographic characteristics, mental health diagnoses and recent police contact variables. Chi square tests of association were used to compare categorical data, substituting Fisher's exact test (FET) when cell values fell below $n = 5$. Continuous data between groups were examined using independent samples *t* tests, or

the Mann–Whitney U test when data were skewed. Wilcoxon signed rank tests were used to compare the different effects that prior police encounters had on informing attitudes towards police. Effect sizes were obtained by calculating Pearson's r statistic; values above .5 were considered large. Associations were measured using Kendall's tau-b (τ).

Hierarchical multiple regression was then used to test for possible moderation effects. Interaction terms were computed by multiplying perceived procedural justice with each predicted moderating variable separately. The initial step of the regression involved putting only perceived procedural justice into the model to predict the outcome variable, followed by the addition of the proposed moderating variable in Model 2 and the associated interaction term in Model 3. This process was repeated for each variable separately. An analysis of interaction plots was used to determine the nature of the moderation.

Results

Characteristics of the sample

The sample included 26 participants, 6 (23%) males and 20 (77%) females, aged between 17 and 65 years ($M = 45.23$, $SD = 13.75$). The male participants were younger than the females ($M = 39.83$, $SD = 4.99$ vs. $M = 46.85$, $SD = 3.14$), but not significantly so, $t(24) = -1.10$, $p = .282$. The majority of the participants were Caucasian (22/26, 84.6%), lived alone (21/26, 80%) and had completed schooling to at least Grade 12 (22/26, 84.6%). There were no statistically different gender differences observed.

Mental health histories

The most common mental health diagnoses reported were schizophrenia ($n = 9$, 34.6%) and bipolar disorder ($n = 9$, 34.6%). A smaller proportion reported anxiety or depression diagnoses ($n = 6$, 23.1%), borderline personality disorder and posttraumatic stress disorder (PTSD; $n = 2$). Mental health diagnosis varied

significantly according to gender ($p = .035$, FET); males were more likely to have a diagnosis of schizophrenia, and females were more likely to have bipolar disorder. Multiple diagnoses were reported by 11 (42.3%) participants.

Self-esteem scores ranged from 9 to 19, $M = 15.5$, $SD = 2.4$. Two thirds (4 males and 13 females; 65.4%) of the sample fell in the normal range, and 11 (2 males and 9 females; 34.6%) fell in the low self-esteem range; no significant gender differences were found, $t(24) = 0.02$, $p = .988$. Mean overall stigma scores ranged from 1.30 to 3.42, $M = 2.17$, $SD = 0.65$; again no significant difference was found by gender, $t(16) = 0.03$, $p = .974$. No differences were observed for the five internalised stigma subscales by gender; for both males and females, scores were highest regarding the subscales of alienation ($M = 2.47$, $SD = 0.20$) and discrimination ($M = 2.81$, $SD = 0.20$).

Police contact

All participants reported experiencing police contact in the past. Over half ($n = 13/24$, 54.2%) indicated that their last police encounter occurred more than a year ago, nine (37.5%) within the last year and two (8.3%) during the last month. Most commonly, participants reported having between two and five prior experiences with police ($n = 8$, 38.1%), followed by six to 10 prior experiences ($n = 5$, 23.8%). Four (19.2%) participants reported only having one prior experience, three (14.3%) 10 to 20 prior experiences and one participant more than 20 (4.8%) prior experiences. The most common reason reported by participants for prior police contact was in the context of experiencing a mental health crisis ($n = 15$, 71.4%). The characteristics of their most recent encounter with the police are summarised in Table 1. Contact type was labelled as uncertain in 17 (70.8%) of the police encounters as loss of liberty was considered a possibility. The most common

Table 1. Characteristics of most recent police contact.

	Total <i>n</i> (%)	Male <i>n</i> (%)	Female <i>n</i> (%)	<i>p</i>
Contact type (<i>N</i> = 24)				
Mental health crisis	14 (58.3)	3 (60)	11 (57.9)	.906
Victim of crime	2 (8.3)	1 (20)	1 (5.3)	
Criminal offence	3 (12.5)	1 (20)	2 (10.5)	
Domestic disturbance	2 (8.3)	0 (0)	2 (10.5)	
Other	3 (12.5)	0 (0)	3 (15.8)	
Contact location (<i>N</i> = 23)				
Private	10 (43.5)	2 (40)	8 (44.4)	1.000
Public	13 (56.5)	3 (60)	10 (55.6)	
Police involvement (<i>N</i> = 21)				
Self-initiated	6 (25)	1 (20)	5 (26.3)	1.000
Initiated by another	18 (75)	4 (80)	14 (73.7)	
Police force used (<i>N</i> = 21)				
Yes	11 (52.4)	3 (75)	8 (47.1)	.586
No	10 (47.6)	1 (25)	9 (52.9)	
Police awareness of mental illness (<i>N</i> = 20)				
Unlikely	7 (35)	1 (25)	6 (37.5)	1.000
Likely	13 (65)	3 (75)	10 (62.5)	
Contact outcome (<i>N</i> = 21)				
Hospitalised	12 (57.1)	2 (50)	10 (58.8)	.853
Criminal	4 (19)	1 (25)	3 (17.6)	
Mental health referral	3 (14.3)	1 (25)	2 (11.8)	
No formal action	2 (9.5)	0 (0)	2 (11.8)	

Note: Different *N* attributable to small amounts of missing data for some variables.

Table 2. Perceived procedural justice, cooperation and encounter evaluation by gender.

	Total		Male		Female		<i>t</i> (<i>df</i>)	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
PPJ (<i>N</i> = 21)	18.90	7.93	17.05	10.68	19.35	7.49	−0.52 (19)	.606
Cooperation (<i>N</i> = 18)	2.65	0.77	3.05	0.66	2.57	0.79	0.98 (16)	.342
Evaluation (<i>N</i> = 20)	1.82	0.72	2.08	1.28	1.77	0.63	0.67 (18)	.511

Note: *N*s differ for each variable because of missing data. PPJ = perceived procedural justice.

outcome of police contact was that the person was either hospitalised or arrested (*n* = 14, 66.7%). There were no statistical differences between males and females.

Descriptive statistics for perceived procedural justice, cooperation with police and encounter evaluation are presented in Table 2. Scores relating to perceived procedural justice

Table 3. The effect of prior experience type on attitudes towards the police.

Type of experience–type of experience	Z	p	r	95% CI
Positive–negative (N = 18)	–2.46	.014*	–.579	[0.01, 0.02]
Positive–last (N = 18)	–2.71	.007**	–.640	[0.00, 0.01]
Positive–mixed (N = 17)	–2.14	.032*	–.520	[0.03, 0.04]
Negative–last (N = 18)	–1.08	.281	–.254	[0.29, 0.31]
Negative–mixed (N = 17)	–0.64	.526	–.154	[0.60, 0.62]
Last–mixed (N = 17)	0.00	1.000	.000	[1.00, 1.00]

Note: Ns differ for each variable because of missing data. CI = confidence interval.

* $p < .05$. ** $p < .01$.

ranged from 10 to 33 but were positively skewed, indicating that overall perceptions were relatively low. Cooperation mean scores above 2.50 indicated moderate levels of cooperation, with scores ranging from 1.14 to 3.71. Evaluation scores ranged from 1.07 to 3.50, the mean score indicating that police encounters were most commonly evaluated negatively by participants. There were no significant differences by gender.

General attitudes towards the police

The majority of the sample ($n = 15$, 83.3%) indicated that their opinions of the police were shaped by their prior experiences. Comparisons indicated that negative ($M = 6.44$, $SD = 2.36$), last ($M = 5.89$, $SD = 2.27$), and mixed ($M = 6.12$, $SD = 3.60$) experiences had a significantly greater influence on people's attitudes towards police than positive ($M = 3.56$, $SD = 2.20$) experiences (Table 3). Large effect sizes (r) were found. No significant differences were found between negative, last and mixed experience types.

Procedural justice in police encounters

There was a significant positive correlation between perceived procedural justice and

cooperation, $\tau = .536$, $p = .003$, 95% confidence interval (CI) [0.22, 0.79], indicating that higher perceptions of procedural justice were associated with greater cooperation during the police encounter. No association was found between self-esteem and cooperation, $\tau = .105$, $p = .563$, 95% CI [–0.35, 0.50], or stigma and cooperation, $\tau = -.211$, $p = .246$, 95% CI [–0.63, 0.27].

Results of a multiple regression that considered self-esteem, stigma, call type and police involvement as potential moderators of the association between perceived procedural justice and cooperation are presented in Table 4. Perceived procedural justice was the only significant predictor of cooperation ($p = .001$). No significant patterns of moderation between perceived procedural justice and cooperation were found.

There was a significant positive correlation between perceived procedural justice and how the encounter was evaluated, $\tau = .718$, $p < .001$, 95% CI [0.45, 0.90]. Increases in perceived procedural justice were associated with more positive evaluations of the police encounter. The association between perceived procedural justice and encounter evaluation was tested with the sample split by outcome favourability. In both the favourable, $\tau = .966$,

Table 4. Moderating effects of self-esteem, call type, police involvement and stigma on the association between perceived procedural justice and cooperation.

	<i>B</i> (<i>SE</i>)	β	R^2_{adj} (<i>SE</i>)	ΔR^2	95% CI
PPJ	0.74 (0.18)**	0.72	.489 (.71)**		[0.36, 1.11]
Self-esteem	0.13 (0.16)	0.15	.478 (.72)**	.020	[−0.21, 0.48]
PPJ × Self-esteem	0.10 (0.18)	0.11	.451 (.74)**	.009	[−0.29, 0.48]
Call type					
Certain call	0.84 (0.20)	0.82	.497 (.71)**	.037	[0.42, 1.23]
PPJ × Certain Call	0.43 (0.56)	0.21	.483 (.72)**	.018	[−0.77, 1.63]
Police involvement					
Self-initiated	0.02 (0.50)	0.01	.455 (.74)**	.000	[−1.05, 1.06]
PPJ × Self-initiated	0.66 (0.69)	0.28	.453 (.74)**	.030	[−0.81, 2.13]
PPJa	0.73 (0.18)**	0.72	.493 (.72)**		[0.35, 1.11]
Stigma	−0.08 (0.20)	−0.09	.464 (.74)**	.007	[0.28, 1.12]
PPJ × Stigma	−0.30 (0.23)	−0.29	.491 (.73)**	.055	[−0.77, 0.19]

Note: PPJ = perceived procedural justice; CI = confidence interval. × reflects interaction term fitted.

^aDue to differences in *n* for stigma initial model changes.

***p* < .01.

p = .007, 95% CI [0.82, 1.00], and unfavourable, $\tau = .531$, *p* = .015, 95% CI [0.02, 0.90], outcome groups there was a significant association between perceived procedural justice and encounter evaluation. The overlap in the 95% confidence intervals suggests that while the correlation in the favourable group was stronger the difference was not statistically significant.

Results of a multiple regression that considered self-esteem, stigma, call type and police involvement as potential moderators of the association between perceived procedural justice and encounter evaluation are presented in Table 5. Perceived procedural justice was the only significant predictor of encounter evaluation (*p* < .001). A significant interaction effect was found for police involvement; indicating how police became involved in encounters significantly moderated the association between perceived procedural justice and how the encounter was evaluated, $t(19) = 2.58$, *p* = .020. Further analyses indicated that for participants who contacted the police themselves, the association between perceived procedural justice and encounter evaluation was much stronger (Figure 1). For self-initiated police contact low perceptions of procedural

justice had a much greater impact on how the encounter was evaluated.

Internalised stigma

The five subscales of internalised stigma were considered as potential moderators of the associations between perceived procedural justice and cooperation, and perceived procedural justice and encounter evaluation. Of these, stigma resistance was found to significantly moderate the association between perceived procedural justice and how the encounter was evaluated, $\beta = 0.20$, $R^2 = .899$, $SE = .32$, *p* < .01; no other significant effects were found. Further analyses revealed that participants high on stigma resistance reported a stronger association between perceived procedural justice and encounter evaluation (Figure 2).

Discussion

This pilot study sought to investigate how people experiencing mental illness felt about police and what impacted on their behaviours during, and overall perceptions of, police encounters. Such research is essential given the over-representation of people experiencing mental illness coming into contact with the

Table 5. Moderating effects of self-esteem, call type, police involvement and stigma on the association between perceived procedural justice and encounter evaluation.

	<i>B</i> (<i>SE</i>)	β	R^2_{adj} (<i>SE</i>)	ΔR^2	95% CI
PPJ	0.89 (0.11)**	0.89	.781 (.47)**		[0.66, 1.11]
Self-esteem	0.05 (0.10)	0.05	.771 (.48)**	.003	[−0.16, 0.26]
PPJ $\times$ Self-esteem	0.18 (0.10)	0.20	.801 (.45)**	.037	[−0.02, 0.38]
Call type					
Certain call	−0.39 (0.26)	−0.17	.795 (.45)**	.024	[−0.93, 0.16]
PPJ $\times$ Certain Call	0.53 (0.33)	0.25	.812 (.43)**	.025	[−0.77, 1.63]
Police involvement					
Self-initiated	−0.04 (0.32)	−0.02	.769 (.48)**	.000	[−0.72, 0.63]
PPJ $\times$ Self-initiated	0.99 (0.38)	0.39	.826 (.42)**	.061*	[0.18, 1.80]
PPJa	0.93 (0.10)**	0.92	.841 (.41)**		[0.72, 1.13]
Stigma	−0.03 (0.10)	−0.03	.831 (.42)**	.001	[−0.25, 0.19]
PPJ $\times$ Stigma	−0.17 (0.12)	−0.17	.841 (.41)**	.017	[−0.77, 0.19]

Note: PPJ = perceived procedural justice; CI = confidence interval. $\times$ reflects interaction term fitted.

*Due to difference in *n* for stigma initial model changes.

* $p < .05$. ** $p < .01$.

Figure 1. Moderation effect of police involvement on the association between perceived procedural justice (PPJ) and encounter evaluation.

Figure 2. Moderation effect of stigma resistance on the association between perceived procedural justice (PPJ) and encounter evaluation.

police (Kesic et al., 2013) and limited literary attention it has received from the perspective of people experiencing mental illness. The main study findings are interpreted below within the context of past literature and wider theoretical frameworks.

General attitudes towards the police

Consistent with prior international research (Livingstone, Desmarais, Verdun-Jones et al. 2014; Watson, Angell, et al., 2008) this study found that past police experience influenced the police-related attitudes of people

experiencing mental illness. As hypothesised, different types of past police experiences – positive, negative, last or mixed – differentially impacted on participants' overall attitudes. The findings are in line with past literature (Skogan, 2006) and research on the 'negativity bias' in cognitive processing (Vaish et al., 2008). Negative police experiences were significantly more influential than positive police experiences in shaping overall opinions of police. In addition, the participants' last police encounter and a mixture of prior police experiences (both positive and negative) were also found to be significantly

more important than having had positive police experiences in shaping the opinions of people experiencing mental illness towards police. Given that two thirds of participants rated their last police encounter negatively, such a finding may rather provide support for the asymmetrical dominance of negative experiences when people are making judgements about the police. The effect sizes of these associations, compared to those who reported positive experiences, are indicative of significant findings, which may be generalisable beyond the sample included here; they certainly warrant further empirical scrutiny with larger samples.

Procedural justice in police encounters

The findings of this study add to the growing body of literature supporting procedural justice theory as a key framework for understanding the encounters between police and people experiencing mental illness (Desmarais et al., 2014; Wood & Watson, 2017). In line with our hypothesis, when perceptions of procedural justice were high, participants reported being treated fairly, trusting in police officers, and being given the opportunity to voice their opinions; in turn, co-operation with police during the contact was reportedly higher, and the encounter was evaluated more positively overall. In comparison, when perceived procedural justice was low, people experiencing mental illness were more likely to argue with the officer(s) and report being unsatisfied with how the encounter was handled. The association between perceived procedural justice and how the encounter was evaluated remained statistically significant irrespective of whether the outcome of the encounter was seen as favourable or unfavourable by participants. These pilot findings therefore provide initial evidence in support of procedural justice theory that emphasises that procedural elements of police encounters are more important than the outcome of the encounters (MacCoun, 2005).

Contrary to past findings, how individuals felt they had been treated by police officers,

thus perceived procedural justice, was the only factor that significantly predicted cooperation with police and also how the encounter was evaluated. Findings failed to support predictions that stigma and self-esteem would be associated with, or directly affect, whether participants co-operated with police. Also inconsistent with predictions, the association between perceived procedural justice and cooperation with police was not significantly moderated by any of the predicted factors. These findings are not consistent with some past studies (Murphy, 2009; Watson & Angell, 2013), nor the broader context of procedural justice theory, which acknowledges that contextual and individual factors interact with the effects of fair treatment in police encounters (Brockner et al., 2001). However, the predicted moderators of how police became involved in the encounter and the stigma resistance subscale of internalised stigma significantly interacted with the association between perceived procedural justice and how the encounter was evaluated. These differences may be attributable to the sample sourced here for this pilot, and perhaps a smaller effect that was not statistically significant with the modest size of this pilot.

The impact of how police officers become involved in encounters.

This study found that the means by which police officers became involved in encounters influenced the effect of procedurally just treatment in relation to how people experiencing mental illness evaluated the encounter. Findings showed that when police initiated contact, such as when police were called by a family member, friend or bystander, treatment not in line with procedural justice theory was less likely to produce negative evaluations of the encounter than when self-initiated police contact occurred. Interestingly, when the police treatment was perceived as fair the encounter was evaluated the same for both self-initiated and police-initiated encounter types. Collectively this suggests that when

people experiencing mental illness initiate contact with police they are more sensitive to procedurally unjust treatment than when they do not actively seek police assistance. Skogan (2006) proposes that when self-initiated police contact occurs a level of expectancy for resolution is brought into the encounter by the person, thereby probably raising awareness to the more procedural elements of the encounter. Understood within the context of procedural justice theory, it is possible that when people call upon police personally, and the resulting treatment is perceived as unfair and/or disrespectful, this may be interpreted as disconfirming the person's worth as a valued member of society (De Cremer, 2002), henceforth negatively impacting on how the police encounter is evaluated.

Low stigma resistance as a barrier to the procedural justice effect

Although no significant effect was found for internalised stigma as a single concept, when broken into the five subscales *stigma resistance* was found to interact significantly with procedural justice in predicting how the encounter was evaluated. Stigma resistance is understood as the ability of an individual to counteract the internalisation of mental health stigma (Ritsher et al., 2003). Findings showed that individuals highly resistant to mental health stigma rated the police encounter more positively than individuals low in stigma resistance when perceived procedural justice was high. In line with Watson and Angell (2013), these findings suggest that, when less affected by internalised stigma, individuals are more sensitive to the process of fair treatment. Conversely, as high stigma resistance has been found to be positively correlated with high self-esteem and negatively with stigma (Sibitz, Unger, Woppmann, Zidek, & Amering, 2011), it was surprising that neither of these factors moderated the procedural justice effect. In line with theory and past findings, it is proposed that the degree to which an individual adopts stigma placed on them has ramifications for

how they perceive the quality and nature of their encounters with police officers. Given the high prevalence of mental health stigma and low self-esteem in people experiencing mental illness (Link, Struening, Nesse-Todd, Asmussen, & Plelan, 2001), stigma and self-esteem remain important factors warranting future consideration within the procedural justice literature.

Limitations and methodological considerations

While the discussed findings may have potential theoretical and practical implications, they must be considered within the context of several limitations. The study was progressed as a pilot, feasibility study, but it should be noted that participant numbers were modest, and their characteristics were perhaps somewhat atypical of some mental health consumer demographics, therefore the results may not be generalisable to all police–citizen encounters involving people experiencing mental illness. The small sample size also meant statistical analyses were somewhat limited, this raising the likelihood of Type II error and potentially explaining the lack of statistical significance with respect to some comparisons made. Furthermore, the use of an online survey and recruitment through a third party (a consumer advisory group network) may have compromised participation rates, with several participants starting but not completing the survey in its entirety. This was especially the case with the stigma questions, which, while derived directly from a standardised scale, were reported by some respondents in feedback as being overly burdensome and somewhat off-putting. Future research should perhaps consider an alternative measure of stigma that is briefer and more palatable for participants.

Implications and directions for future research

The results of this novel pilot study provide some valuable insight into the complex nature

of encounters between people experiencing mental illness and the police. Importantly, this study represents an important avenue for research that is consistent with the directives of national mental health policies that see the opinions of the people experiencing mental illness as being at the heart of reform (NSW Mental Health Commission, 2014). While these pilot findings must be viewed as exploratory, and direct implications are limited, they lay significant groundwork for guiding future research.

Given the overrepresentation of people experiencing mental illness coming into contact with the police (Teasdale et al., 2014), the validation of procedural justice theory as a useful framework for understanding these encounters has potential flow on implications for theory, research and policing practice. Although further investigation is needed to corroborate the role of contextual and individual factors in reducing or enhancing procedural justice, the importance of police treating people experiencing mental illness fairly, with dignity and respect, is clear. The finding that past police encounters impact on the attitudes that people experiencing mental illness cultivate towards police emphasises the need for police officers to be mindful of their interactions and behaviours during all encounters, adopting what Wood and Watson (2017) refer to as more of a 'guardianship lens' to their policing duties.

Conclusion

This pilot study represents a valuable addition to a limited international literature on how people experiencing mental illness perceive encounters with police, reinforcing the central importance that they give to fair and respectful processes. In line with the current findings and those of past research, it is suggested that the procedural justice effect is not stable across all encounters; contextual and situational factors can act to alter an individual's response to psychological processes in social interactions with

police officers. These findings have potentially important implications for police training initiatives around responding to people with a lived experience of mental illness and the importance of all aspects of the process in addition to the outcome of the encounters. Of particular note, the impact of prior negative experiences with police needs to be better acknowledged and addressed to help foster better relationships between police and some of its more vulnerable community members.

Ethical standards

Declaration of conflicts of interest

Lily Jones has declared no conflicts of interest
Stuart Thomas has declared no conflicts of interest

Ethical approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent

Informed consent was obtained from all individual participants included in the study.

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